FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed) Example: If typying, type over the lines	12FE4M5
ERICKSON R	ETIREMENT COMMUNITIES FEDERAL PAC	
ADDRESS (number and	C/O GOVERNMENT AFFAIRS	
(Check if address	701 MAIDEN CHOICE LANE	
is changed)	BALTIMORE	MD 21228 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only one e-mail address)	
(Check if addres x is changed)	craig.behm@erickson.com	
COMMITTEE'S WEB (Check if address is changed)	S PAGE ADDRESS (URL)	
2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION NUMBER C C00436238		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete		
Type or Print Name of Treasurer Behm Craig		
Signature of Treasure	Electronically Filed by Behm Craig	Date 05 / 10 / YYYYY
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS		
Office Use Only	For further informati Federal Election Com Toll Free 800-424-95 Local 202-694-1100	mission FEC FORM 1